

**FILED MAY 23 1946**  
Registration District No. **2**

Primary Registration District No. **5572**

Registrar's No. **71**

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Jackson County E. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 mo 3 days  
(Specify whether)  
 In this community 62 yrs.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Lee's Summit  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 601 So Green  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ✓

**3. (a) PRINT FULL NAME** Calvin DePuy  
 (b) If veteran, name war No  
 (c) Social Security No. No

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 26<sup>th</sup>  
 year 1946 hour 5 minute 30 a.m.

**4. Sex** Male **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Elizabeth Jane DePuy  
**6. (c) Age of husband or wife if alive** 87 years  
**7. Birth date of deceased** November 17 1852  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** 10-23-45, 19, to 4-26-46, 19;  
 that I last saw him alive on 4-25-46, 19;  
 and that death occurred on the date and hour stated above.

**8. AGE:**  
 Years 93 Months 5 Days 8  
 If less than one day  
 hr. min.

Immediate cause of death Nephritis, Chronic  
 Duration

**9. Birthplace** Granville Ohio  
(City, town, or county) (State or foreign country)

Due to  
 Due to  
 Other conditions  
(Include pregnancy within 3 months of death)

**10. Usual occupation** Retired Minister

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

**11. Industry or business**

Major findings:  
 Of operations  
 Of autopsy

**12. Name** Calvin DePuy  
**13. Birthplace** New York  
(City, town, or county) (State or foreign country)

**14. Maiden name** Alice Crawford  
**15. Birthplace** New York  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Dorothy Maddux  
**(b) Address** Lee's Summit Mo

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur?  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

**17. (a) Burial** **(b) Date thereof** 4-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Lee's Summit Mo

**18. (a) Signature of funeral director** W B Langford  
**(b) Address** Lee's Summit Mo

While at work? (Specify type of place)  
 (a) Means of injury  
**19. (a) Signature** F W Guttler (M. D. or other)  
**(b) Address** Blue Springs Mo Date signed 5/2/46

**19. (a) Date received local registrar** 4/27/46 **(b) Signature** La S. Lane  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18  
3  
0

15833

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W.B. Langford

Licensed Embalmer No. 3833

P. O. Address 1110 Summit St

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**